EXHIBIT F

EXHIBIT F

Case 1:21-c/1007210 M. 12 10 15 10 1	Document 14-7 Filed 08/27/21 Page 2 of 9 2020 Change Station Incident Number * Exposure * No Activity
	licate that the address for this incident is provided on the Wildland Fire Census Tract 0002 - Alternative Location Specification". Use only for Wildland fires.
Rear of Apt./Suite/Room City Directions	MESTOWN NY 14701 - NY
C Incident Type *	E1 Date & Times Midnight is 0000 E2 Shift & Alarms
321 EMS call, excluding vehicle Incident Type	Check boxes if Month Day Year Hr Min Sec Local Option dates are the ALARM always required 3 3
D Aid Given or Received★	Date. Alarm * 12 10 2020 06:23:00 Shift or Platoon District
1 X Mutual aid received 2 Automatic aid recv. 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None	ARRIVAL required, unless canceled or did not arrive X Arrival * 12 10 2020 06:32:00 CONTROLLED Optional, Except for wildland fires X Controlled 12 10 2020 06:32:00 LAST UNIT CLEARED, required except for wildland fires Last Unit X Cleared 12 10 2020 06:57:00 Special Studies Special Special Studies Special Study ID# Special Study Value
F Actions Taken *	G1 Resources * G2 Estimated Dollar Losses & Values
Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)	Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression Contents \$, 000 , 000 EMS 0001 0003 Other Check box if resource counts include aid received resources. LOSSES: Required for all fires if known. Optional for non fires. None Property \$, 000 , 000
Completed Modules H1*Casualties	
Fire-2 Structure-3 Civil Fire Cas4 Fire Serv. Cas5 EMS-6 HazMat-7 Wildland Fire-8 X Apparatus-9 X Personnel-10 Arson-11 Deaths Injuctive Fire Service Civilian Fire Service Civilian Detector Required for Confined 1 Detector alerted occ 2 Detector did not ale U Unknown	None None None Not Mixed Not Mixe
J Property Use★ Structures	341 Clinic, clinic type infirmary 539 Household goods, sales, repairs
131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital	342 Doctor/dentist office 579 Motor vehicle/boat sales/repair 361 Prison or jail, not juvenile 571 Gas or service station 419 1-or 2-family dwelling 599 Business office 429 Multi-family dwelling 615 Electric generating plant 439 Rooming/boarding house 629 Laboratory/science lab 449 Commercial hotel or motel 700 Manufacturing plant 459 Residential, board and care 819 Livestock/poultry storage(barn) 464 Dormitory/barracks 882 Non-residential parking garage 519 Food and beverage sales 891 Warehouse
Outside 124 Playground or park 655 Crops or orchard 669 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field	936 Vacant lot 981 Construction site 938 Graded/care for plot of land 984 Industrial plant yard 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 Highway/divided highway 962 Residential street/driveway 981 Construction site 984 Industrial plant yard 985 Industrial plant yard 986 Industrial plant yard 986 Industrial plant yard 987 Industrial plant yard 988 Industrial plant yard 988 Industrial plant yard 989 Industrial plant yard

		M-60721-MAV-JJM	Document 14-7	Filed 08/27/21	Page 3 of 9	
Check This Bo same address incident loca Then skip the duplicate add	ion (if Mr.,Ms., Mr.ion.) three 11	Business name (if ap Christian s. First Name Barrett	MI La	Area Co Powell ast Name		Suffix
lines.	Post Office NY 1 1 State Zi	4701 - Code	Apt./Suite/Room City	ESTOWN	Street Type	Suffix
More peo	ple involved? Ch	eck this box and attac	h Supplemental Forms	(NFIRS-1S) as neces	sary ————————————————————————————————————	
K2 Owner	Same as person invol Then check this box The rest of this sec	and skip	pplicable)	Area Co	de Phone Number	
Check this bo same address incident loca. Then skip the duplicate add lines.	ion. three	Prefix Street or Hi		ast Name	Street Type	Suffix Suffix
injury was	self inflict	we found patient weed. Patient states for transport.				
L Authori	ation					
956 Office	r in charge ID	HANLON, PHILIP F	LT Position or	rank Assignment	12 11 Month Day	2020] Year
Check Box if 798 same as Officer Member in charge.	making report ID	PERRIN, MELODIE	E CIV Position or	rank Assignment	Month Day	2020] Year

Narrative:

On arrival to the jail we found patient with a large hematoma to his forehead. This head injury was self inflicted. Patient states he "wants to die". Assessed vitals and transferred care to A401 Falconer for transport.

FIRE 07024 12/10/2020 20-0006596

A Case	1:21-0W400721-MAYY-JJ	M Documer	nt 14-7	Filed	08/27/21 Page	5 of 9 NFIRS - 9		
07024 N				-0006596		elete Apparatus or		
FDID ★ Sta	te 🖈 Incident Date 🛧	Station	Incider	nt Number 🛧	Exposure 🛨 🔲 C	hange Resources		
B	Date and Time	9	T .	_	Use	Actions Taken		
B Apparatus or *			Sent	Number	Check ONE box for each	ACCIONS Taken		
Resource	Check if same as alarm o	date	x	of *	apparatus to indicate			
	Month Day Year	Hour Min		People	its main use at the incident.			
1 ID E4	Dispatch 🔀 12 10 2	2020 06:23			Suppression			
ID E4		2020 06:32	X	1 31	Ш			
Type 11				3	EMS			
-21- [Clear X 12 10 2	020 06:57			Other			
2 _{ID}	Dispatch				Suppression			
	Arrival	11		1 1	☐ EMS			
Type	Clear							
	Crear				Other	<u> </u>		
3 _{ID}	Dispatch				Suppression			
	Arrival	i i		1 1	☐ EMS			
Type	Clear			1	Other			
	Clear				Other			
4 ID	Dispatch				Suppression			
	Arrival	- 11 i			☐ EMS			
Type	Clear				Other			
	Crear		-	<u> </u>	│			
5 _{ID}	Dispatch				Suppression			
	Arrival	11 1			□ EMS			
Туре	Clear				Other			
	Clear							
6 _{ID}	Dispatch				Suppression			
	Arrival			1 1	☐ EMS			
Type	Clear				Other			
			<u> </u>		Other			
7 _{ID}	Dispatch				Suppression			
	Arrival				EMS			
Type	Clear				Other			
				 	П			
8 _{ID}	Dispatch		l		Suppression			
	Arrival			1 1	EMS			
Type	Clear			<u> </u>	Other			
[-]								
9 ID	Dispatch		l		Suppression			
	Arrival		1		EMS			
Туре	Clear				Other			
Type of Apparatus	or Posourgos			<u> </u>				
Ground Fire Suppre								
11 Engine	:551011	Marine Equipm			Mor	e Apparatus?		
12 Truck or aerial		51 Fire boat w		P	Use	Additional		
13 Quint		52 Boat, no pu	_		She	ets		
14 Tanker & pumper o	combination	50 Marine appa		other				
16 Brush truck		Support Equip			Other			
	scue and Firefighting)	61 Breathing a			91 Mobile co	ommand post		
10 Ground fire suppr		62 Light and a			92 Chief of:	_		
Heavy Ground Equip	oment	60 Support app		otner	93 HazMat u			
21 Dozer or plow		Medical & Res			94 Type 1 ha			
22 Tractor		71 Rescue unit			95 Type 2 h			
24 Tanker or tender 20 Heavy equipment,	other	72 Urban Searc				y owned vehicle paratus/resource		
Aircraft	Other	73 High angle 75 BLS unit	rescue	uilt	oo Other ap	paratus/resource		
	wing tanker	76 ALS unit			NN None			
42 Helitanker	To act it is a second state of the second stat							
43 Helicopter				•				
40 Aircraft, other					NFIRS-9	Revision 11/17/98		

A Ca 07024 SECTION *	SE 1:21-CM0072IPMAVxXM NY 12 10 2020 State * Incident Date *	Documen 4 Station	20-0	Filed 08/27 0006596	7/21 Pag 000 Exposure *	Delete	rins - 10 ersonnel
B Apparatus or Resource	Check if same as alarm date	Hours/mins	[X]	Number of * Check apparare its maincide	Use ONE box for each atus to indicate in use at the ent.	List up to	s Taken o 4 actions apparatus personnel.
1 ID E4	Dispatch 12 10 2020 Arrival 12 10 2020 Clear 12 10 2020		Sent X	3 X _I	Suppression EMS Other		<u> </u>
Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1007 956 977	THORPE, HUNTER HANLON, PHILIP WADSWORTH, BROCK	FF1 CAPT FF	X X X				
2 ID	Dispatch		Sent		Suppression EMS Other		
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
3 ID Type	Dispatch		Sent		Suppression EMS Other		
Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken

Case 1:21-cv-00721-MAV-JJM NY 12 10 2020 State Incident Date 07024 FDID

Document 14-7 Filed 08/27/21 20-0006596 000 Exposure

Page 7 Of 9 Responding Units/Personnel

Unit Notify Time Enroute Time Arrival Time Cleared Time E4 ENGINE 4 06:23:00 06:23:00 06:32:00 06:57:00

Staff I	ID\Staff Name	Activity	Rank	Position	Role	
1007	THORPE, HUNTER J	Medical At Scene	Firefighter			
956	HANLON, PHILIP F	Medical At Scene	Captain			
977	WADSWORTH, BROCK C	Medical At Scene	Firefighter			

07024 12/10/2020 20-0006596 Page 1 FIRE

Case 1:21-ct 007 1 - MAY 1 June 14-7 Filed 08/27/21 Page 8 Of Sesponding Personnel								
Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs HrsPd	Pts	
1007 THORPE, HUNTER J	E4	MX Medical At		FF1		0.57 0.57	1.00	
956 HANLON, PHILIP F	E4	MX Medical At		CAPT		0.57 0.57	1.00	
977 WADSWORTH, BROCK C	E4	MX Medical At		FF		0.57 0.57	1.00	

Total Personnel Hours: 1.71

Total Participants: 3

07024 FDID Incident Date

Document 14-7 Filed 08/27/21 20-0006596 000 Incident Number

Page 9 of 9 Involvement User Fields Exposure

Involvement Name:

Involvement

Type: Patient Owner:

Occupant:

Powell, Christian

FIRE 07024 12/10/2020 20-0006596